

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035106

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 459

FILED SEP 27 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence	a. STATE Mo.	b. COUNTY Jackson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 630 S. Cedar		c. CITY OR TOWN Independence	d. STREET ADDRESS 630 S. Cedar
Length of stay in lb 40 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First FANNIE	Middle FAYE	Last ROBERTS	Month Sept.
5. SEX Female		6. COLOR OR RACE White	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-20-1894	
9. AGE (last birthday) 67		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and state or country) Gould Farm Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James McGee		13b. MOTHER'S MAIDEN NAME Elsie Irene Castleman	
14. NAME OF HUSBAND OR WIFE Myron J. Roberts (Decased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Myron Roberts 230 Riley K.C. Mo. North	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Sclerosis		Sudden
DUE TO (b) Coronary Sclerosis		5 years
DUE TO (c) Generalized Atherosclerosis		5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Independence Mo.	
21. I attended the deceased from 1950 to 1968 and last saw her alive on 8/8/62 Death occurred at 1950 on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 9/29/62
22a. SIGNATURE Red W. King	22b. ADDRESS 10229 Independence Mo.	22c. DATE SIGNED 9/29/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/24/62	23c. NAME OF CEMETERY OR CREMATORY Independence Mo.
24. FUNERAL DIRECTOR Geo. C. Carson and Sons Inc.	25. DATE RECD. BY LOCAL REG. 9-22-62	26. REGISTRAR'S SIGNATURE Alba L. Craig

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

*Issued
Sept 23, 1962*

STATE OF MARYLAND

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ✓, Student Embalmer No. ✓

- working under my personal supervision.

Student ✓
Signature of Student Embalmer

Signed Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address Leesburg MD.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

9-22-62